Dental Access Now!
Bringing quality dental care to every community

UHCAN Ohio

House Bill 64
Interested Party Testimony
Senate Medicaid Committee
Edward Sterling, DDS
May 7, 2015

Good afternoon Chairman Burke, Vice Chair Manning, Ranking Minority Member Cafaro and members of the committee. My name is Edward Sterling. I am a Board Certified pediatric dentist. I moved to Ohio in 1971 to develop and direct the dental program at the Nisonger Center on the OSU campus. The Center is an interdisciplinary program that serves children and adults with developmental disabilities. Ten years ago, I also established a satellite dental program located in the Franklin County Family and Early Childhood Education Center, a collaborative community program that includes the Franklin County Board of Developmental Disabilities, Columbus Public Schools, YMCA and the Urban League Head Start. I retired from OSU in 2011 and was awarded Emeritus Professor status. In addition, I have over 40 years of private practice experience. I am still in private practice. Thank you for the opportunity to speak to you today on behalf of the Dental Access Now! coalition.

I want to address a pilot project that was included in the House-passed version of HB64. The pilot project language is attached to my testimony.

The House language earmarks money to establish a demonstration pilot project which pays Medicaid dental providers in 16 Appalachian counties at 65 percent of the American Dental Association survey of fees for dental services.

First, we are concerned that the cost associated with this pilot project will make it difficult to sustain or expand statewide to all of Ohio's 84 Dental Professional Shortage Areas in future budgets.

Secondly, we think the pilot could be improved to address the underlying cause of the lack of access to care.

Fifteen of the 16 counties in the demonstration project are county-wide dental health professional shortage areas. Morgan County, the 16th county, has one health clinic that is designated a shortage facility. A HPSA is an area that has too few dentists to meet the population's needs.

Ohio's Medicaid dental reimbursement rates are inadequate and are often cited as a reason that more dentists do not participate in the Medicaid program. Ohio <u>does</u> need more dentists to serve Medicaid patients. Several studies show that increased reimbursement rates do increase provider participation and increase utilization. We generally support increasing Medicaid reimbursement rates to improve access to care.

However, these studies also acknowledge that reimbursement rates alone will not adequately address the access to oral health care problem. We believe that will be the case with this pilot project too.

In these 16 counties, the shortage of dentists is a major contributor to the lack of access to care for the population. Increasing Medicaid reimbursement rates may allow more services to be delivered to Medicaid

patients but will do little or nothing to bring more providers of care to these underserved areas. For example, Monroe County only has two practicing dentists and a population to dentist ratio of 7,293 to 1.

If you choose to include this pilot project in the Senate-proposed budget, we ask that you make it a stronger pilot project by addressing the underlying provider shortage.

A more comprehensive approach to this project would be to expand the reach of dentists by allowing the use of "Dental Therapists".

A dental therapist is a mid-level provider who is rigorously trained in preventive and routine dental care. Working under a dentist's supervision, dental therapists expand the reach of the dental care team, providing routine services, including fillings, non-surgical extractions and preventive care. Based on successful programs tested over decades in many countries and recently in the U.S., this addition to the dental team will provide a community-based approach to help improve access to needed dental care.

A recent study published in the *Journal of the American Dental Association* reinforces what numerous studies have already shown: dental therapists provide safe, quality care on par with dentists for the procedures they are trained to perform.

Minnesota is one state that has dental therapists as part of the dental team. The Minnesota Department of Health Report to the Minnesota Legislature in February 2014 shows that mid-level providers are expanding access to quality, affordable care and meeting the needs of underserved populations. The Executive Summary of the report is attached to my testimony. The report's conclusions include:

- The dental therapy workforce is growing and appears to be fulfilling statutory intent by serving predominantly low-income, uninsured and underserved patients.
- Dental therapists appear to be practicing safely, and clinics report improved quality and high patient satisfaction with dental therapist services.
- Clinics employing dental therapists are seeing more new patients, and most of these patients are public program enrollees or from underserved communities.
- Dental therapists have made it possible for clinics to decrease travel time and wait times for some patients, increasing access.
- Benefits attributable to dental therapists include direct cost savings, increased dental team productivity, improved patient satisfaction and lower appointment failure rates.
- Savings from the lower costs of dental therapists are making it more possible for clinics to expand capacity to see public program and underserved patients.

Mid-level providers are demonstrating that they are an effective solution to a community's need to expand access to critical dental care.

We ask that you include in this pilot project a provision that allows for dental therapists licensed or authorized to practice under the laws of another state to provide dental therapy services within their authorized scope of practice to patients living the in the 16 counties in the demonstration project. These dental therapists would practice under an Ohio-licensed dentist.

By bringing new, trained providers of care to the area, we can more adequately address the lack of access to oral health care in these underserved counties.

Expanding the dental provider workforce to include dental therapists is a proven, sustainable model to expand access to care in underserved communities.

I thank you for your time and consideration and would be happy to answer any questions.

be confined in a local correctional facility owned and operated by Montgomery or Jackson County is thirty days or less. Only state funds shall be used for the Medicaid payments made for the Medicaid services provided to such a recipient during the last thirty days of the recipient's confinement in such a local correctional facility.

Section 5162.06 of the Revised Code does not apply to this section.

Section 327.230. ABOLISHMENT OF THE HOME AND COMMUNITY-BASED SERVICES FUND (FUND 4J50)

On July 1, 2015, or as soon as possible thereafter, the Director of Budget and Management shall transfer the cash balance in the Home and Community - Based Services Fund (Fund 4J50) to the Nursing Facility Franchise Permit Fee Fund (Fund 5R20), both used by the Department of Medicaid. Upon completion of the transfer, Fund 4J50 is hereby abolished.

Section 327.240. DENTAL PROVIDER RATES AND PILOT PROJECT

Of the foregoing appropriation item 651525, Medicaid/Health Care Services, $8,002,000 in fiscal year 2016 and $7,974,000 in fiscal year 2017 shall be provided for the purpose of establishing a demonstration pilot project which pays Medicaid dental providers in Brown, Scioto, Adams, Lawrence, Jackson, Gallia, Vinton, Perry, Hocking, Meigs, Morgan, Washington, Pike, Athens, Noble, and Monroe counties at 65 per cent of the American Dental Association survey of fees for dental services.

HOLZER CLINIC PAYMENT

Of the foregoing appropriation item 651525, Medicaid/Health Care Services, $500,000 in fiscal year 2016 and $1,000,000 in fiscal year 2017 shall be used to make Medicaid payments in accordance with rule 5160-1-60.1 of the Administrative Code, as